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Bib Data Sheet

CONFIRMATION NO. 1577

<b>SERIAL NUMBER</b> 09/690,566	<b>FILING DATE</b> 10/17/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2661	<b>ATTORNEY DOCKET NO.</b> LLY-004
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**APPLICANTS**  
Michael P. Lilly, Candia, NH;  
Mark A. Longmire, Dover, NH;  
Richard D. Carignan, Derry, NH;

**\*\* CONTINUING DATA \*\*\*\*\***  
 THIS APPLICATION IS A CIP OF 09/421,834 10/20/1999  
 WHICH CLAIMS BENEFIT OF 60/105,129 10/21/1998  
 THIS APPLICATION 09/690,566 10/17/2000  
 IS A CIP OF 09/593,336 06/14/2000  
 WHICH IS A CON OF 09/065,932 04/24/1998 PAT 6,088,626  
 WHICH IS A CON OF 08/250,179 05/27/1994 PAT 5,787,000 - Rad, Sheets  
 THIS APPLICATION 09/690,566 10/17/2000  
 CLAIMS BENEFIT OF 60/160,447 10/19/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 (Yes) H.  
 (None) H.

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 12/02/2000**

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**  
21323

**TITLE**  
SYSTEM AND METHOD FOR DETERMINING AND REDUCING CUSTOMER SERVICE IMPACT

<b>FILING FEE RECEIVED</b> 537	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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